

FORT HUACHUCA ACCESS REQUEST FORM <small>(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)</small> ALL REQUESTS MUST BE SUBMITTED IN PERSON TO THE VISITOR CONTROL CENTER			ROUTINE VISITS AND OTHER SPECIAL EVENTS (CHECK ONE) <input type="checkbox"/>		
			CONTRACTOR/VENDOR ACCESS CREDENTIAL (CHECK ONE) <input type="checkbox"/>		
Complete this form and return to your Fort Huachuca sponsor. A National Crime and Information Center (NCIC) check will be conducted prior to granting access to the installation. By signing this application, you affirm/swear the information provided is true. That a knowing and willful false statement on this application can be punished by being barred from the installation, a fine, imprisonment or both. (18 U.S.C. Section 1001). Furthermore, that under the authority of 50 U.S.C. Section 797 and DoD 5200.8, the installation commander has imposed a continuing obligation for you to disclose					
Section 1. PERSONAL INFORMATION (FAILURE TO PROVIDE ALL INFORMATION MAY RESULT IN DENIED ACCESS)					
1. NAME (Last, First, Middle)		2. DRIVER'S LICENSE NUMBER / State		3. SOCIAL SECURITY NUMBER	
4. DATE OF BIRTH (YYYYMMDD)		5. CURRENT ADDRESS (Include City/State/ZIP Code)		6. HOME PHONE NUMBER	
7. SEX		8. RACE		9. EYE COLOR	
10. HAIR COLOR		11. HEIGHT		12. WEIGHT	
WORK PHONE NUMBER					
Section 2. PLACE OF BIRTH					
1. CITY		2. STATE (If applicable)		3. COUNTRY	
4. U.S. CITIZEN? (If no, answer question 5)		5. LIST IMMIGRATION DOCUMENT TITLE, DOCUMENT NUMBER, AND EXPIRATION DATE (If applicable)			
Section 3. CONTRACTOR/VENDOR INFORMATION (IF APPLICABLE) The following company/organization is providing either vendor's service or holds a contract with our organization. The individual is required to enter Fort Huachuca, AZ in an official capacity on a regular basis. Request the issuance of an access credential. The below listed individual understands that this is an identification credential, not a sponsoring credential and that it will not allow entry into any facilities other than the installation gates. Use of this credential is strictly for business purposes only. Individual agrees to adhere to all vehicle regulations and guidelines set forth by AR 190-5, Army Motor Vehicle Regulation and those set by the installation commander.					
1. COMPANY / ORGANIZATION NAME		2. FULL ADDRESS OF COMPANY / ORGANIZATION (Include City/State/ZIP Code)			
Section 4. GOVERNMENT SPONSOR / AUTHORIZING INFORMATION (IF APPLICABLE) Upon termination of contract, employee termination, or expiration of the access credential the Authorizing Official will retrieve the credential from the contractor and return it to buildings 90008/Main Gate or 90790/East Gate. The Government Sponsor must complete their portion before it is accepted at the Visitor Control Center. Being a sponsor you assume all responsibility for your visitor while they are on the installation.					
1. NAME (Last, First, Middle)		2. OFFICIAL TITLE		3. ORGANIZATION	
4. WORK PHONE		5. OFFICIAL EMAIL ADDRESS			
THE SPONSOR AGREES TO ACCEPT RESPONSIBILITY FOR THEIR VISITOR(S) WHILE ON THE INSTALLATION:					
SPONSOR'S SIGNATURE:			DATE:		
Section 5. WARNING: CONSENT TO SUBJECT SEARCH/SEIZURE, VEHICLE TOWING, REIMBURSEMENT, IMPOUNDMENT					
By accepting this pass you give your consent to search of your vehicle while it is entering on, or leaving Fort Huachuca. If your vehicle is towed or impounded, you agree to reimburse the towing agent on behalf of the vehicle owner/operator.					
Section 6: ATTESTATION					
I understand the information on this form is being collected in accordance with 50 U.S.C., Section 797, and DoD 5200.8, and federal laws. Permitting the installation commander to limit access to the installation for security reasons and that this data will be used to screen personnel who have or are seeking access to Fort Huachuca. I have voluntarily completed this form and shall provide the Army a specimen of my fingerprints, if/when requested. I understand (a) criminal offense(s) may be prosecuted in federal court. The information I have provided on this application is true, complete, and correct to the best of my knowledge and belief, and is provided in good faith. I understand that a knowing and willfully false statement on this application can be punished by fine or imprisonment or both (18 U.S.C section 1001).					
Date(s) of visit requested:			Date of Request:		
Return email address :					
ACCESS DENIALS. If denied, you may appeal in writing to the Garrison Commander. If you appeal, you must provide a copy of supporting documentation (i.e. court minutes, expunged records, etc.) and send all documentation to the Directorate of Emergency Services; ATTN: Physical Security					
Section 7. PRIVACY ACT STATEMENT					
<small>Authority: 50 USC Section 797; E.O.9397</small>					
PRINCIPAL PURPOSE(S): The purpose for requesting personal information is to assist Access Control personnel in documenting visitors' suitability for access to Fort Huachuca. Social security number and date of birth are necessary to identify the person and records. This information may be used to determine suitability of person desiring access to Fort Huachuca; as well as, for lawful purposes including law enforcement and litigation. This information will be used to generate state and federal criminal history records checks.					
INTENDED USE: For all personnel who are not authorized a Common Access Card (CAC) or other federally authorized credential and require access to the installation for a special event and/or visit.					
DISCLOSURE: Disclosure of requested information is voluntary; however, failure to provided information will result in access privileges being refused or withdrawn. The Privacy Act Statement will apply throughout the duration of the special event and/or visit. For Official Use Only (FOUO), This document contains information exempt from mandatory disclosure under the FOIA. Title 5 U.S.C. 552 (b) (6) applies. This document also contains personal information that is protected by the Privacy Act of 1974 and must be safeguarded from unauthorized disclosure.					

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974)

ALL REQUESTS MUST BE SUBMITTED IN PERSON TO THE VISITOR CONTROL CENTER

Section 1. CONTRACT / VENDOR INFORMATION (FAILURE TO PROVIDE ALL INFORMATION MAY RESULT IN DENIED ACCESS)

[illegible]

NAME (Last, First, Middle)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	CURRENT PHYSICAL HOME ADDRESS (City/State/ZIP Code)
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Section 3. **WARNING: CONSENT TO SUBJECT SEARCH / SEIZURE, VEHICLE TOWING, REIMBURSEMENT, IMPOUNDMENT**

Section 4: ATTESTATION

Section 7. PRIVACY ACT STATEMENT

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